

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: WHEELOCK, GUY EDWARD		Reg #: 17000-041
Date of Birth: 07/15/1958	Sex: M Race: WHITE	Facility: FOR
Note Date: 07/29/2015 13:03	Provider: Wingo, Michelle PA-C	Unit: H15

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Wingo, Michelle PA-C

med refill

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	glipiZIDE Tablet	07/29/2015 13:03	10 mg Orally - Two Times a Day x 90 day(s) -- **replaces Glyburide**

Indication: Diabetes mellitus, type II (adult-onset)

One Time Dose Given: No

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
286393-FOX	Ranitidine HCl 300 MG TAB	07/29/2015 13:03	Take one tablet by mouth each evening x 90 day(s)

Indication: Esophageal reflux

One Time Dose Given: No

285991-FOX	Clopidogrel Bisulfate 75 MG Tab	07/29/2015 13:03	Take one tablet by mouth each day x 90 day(s)
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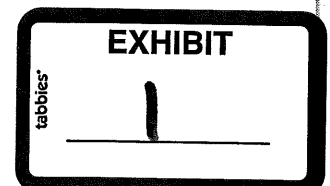
Indication: Other and unspecified hyperlipidemia, Old myocardial infarction

One Time Dose Given: No

285825-FOX	Metoprolol Tartrate 25 MG Tab	07/29/2015 13:03	Take one-half (1/2) tablet (12.5mg) by mouth twice daily x 90 day(s)
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Indication: Hypertension, Benign Essential

One Time Dose Given: No



Inmate Name:	WHELOCK, GUY EDWARD	Reg #:	17000-041
Date of Birth:	07/15/1958	Sex:	M Race: WHITE
Note Date:	07/29/2015 13:03	Provider:	Wingo, Michelle PA-C
		Facility:	FOR
		Unit:	H15

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
285824-FOX	metFORMIN 1000 MG Tab	07/29/2015 13:03	Take one tablet by mouth two times a day (SCr= 0.88 on 02/19/15), A1C 7.4 x 90 day(s)

Indication: Diabetes mellitus, type II (adult-onset)**One Time Dose Given:** No

285822-FOX	Atorvastatin 20 MG TAB	07/29/2015 13:03	Take one tablet by mouth each evening x 90 day(s)
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Indication: Other and unspecified hyperlipidemia**One Time Dose Given:** No**Discontinued Laboratory Requests:**

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Chronic Care Clinics-Diabetic-CBC w/diff	One Time	12/16/2015 00:00	Routine
Chronic Care Clinics-Diabetic-Comprehensive Metabolic Profile			
Chronic Care Clinics-Diabetic-Lipid Profile			
Chronic Care Clinics-Diabetic-Hemoglobin A1C			
Chronic Care Clinics-Diabetic-Hepatic Profile			

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-CBC w/diff	Recurring	08/28/2015 00:00	Routine
Lab Tests - Short List-General-Lipid Profile			
Lab Tests - Short List-General-Microalbumin, urine random			
Lab Tests - Short List-General-TSH			
Lab Tests - Short List-General-PSA, Total			
Lab Tests - Short List-General-Urinalysis (not POC dipstick)			

Labs requested to be reviewed by : Woodard, Sheila S MD

Lab Tests - Short List-General-CBC w/diff	Recurring	02/28/2016 00:00	Routine
Lab Tests - Short List-General-Lipid Profile			
Lab Tests - Short List-General-Microalbumin, urine random			
Lab Tests - Short List-General-TSH			
Lab Tests - Short List-General-PSA, Total			
Lab Tests - Short List-General-Urinalysis (not POC dipstick)			

Labs requested to be reviewed by : Woodard, Sheila S MD

Lab Tests - Short List-General-Hemoglobin A1C	Recurring	08/28/2015 00:00	Routine
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Labs requested to be reviewed by : Woodard, Sheila S MD

Inmate Name:	WHEELLOCK, GUY EDWARD	Reg #:	17000-041
Date of Birth:	07/15/1958	Sex:	M
Note Date:	07/29/2015 13:03	Race:	WHITE
		Facility:	FOR
		Unit:	H15
	Provider:	Wingo, Michelle PA-C	

Lab Tests - Short List-General-Hemoglobin A1C	Recurring	11/28/2015 00:00	Routine
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Labs requested to be reviewed by : Woodard, Sheila S MD

Lab Tests - Short List-General-Hemoglobin A1C	Recurring	02/28/2016 00:00	Routine
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Labs requested to be reviewed by : Woodard, Sheila S MD

Lab Tests - Short List-General-Hemoglobin A1C	Recurring	05/28/2016 00:00	Routine
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Labs requested to be reviewed by : Woodard, Sheila S MD

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
MLP Chronic Care Follow up	11/27/2015 00:00	MLP 01
Chronic Care Visit	05/27/2016 00:00	Physician 01

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Wingo, Michelle PA-C on 07/29/2015 13:12

Requested to be cosigned by Woodard, Sheila S MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WHEELOCK, GUY EDWARD	Sex:	M	Reg #:	17000-041
Date of Birth:	07/15/1958	Provider:	Wingo, Michelle PA-C	Race:	WHITE
Encounter Date:	07/29/2015 13:03			Facility:	FOR

Cosigned by Woodard, Sheila S MD on 07/30/2015 07:40.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WHEELLOCK, GUY EDWARD
Date of Birth: 07/15/1958
Encounter Date: 08/31/2015 10:56

Sex: M Race: WHITE
Provider: Bowman, Teresa

Reg #: 17000-041
Facility: FOR
Unit: H15

Admin Note - General Administrative Note encounter at Health Services.

Reason Not Done: No Show

Comments: was no show for lab callout

Cosign Required: No

Completed by Bowman, Teresa Phlebotomist CPT-NHA on 08/31/2015 10:57.



**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name:	WHEELOCK, GUY EDWARD	Sex:	M	Race:	WHITE	Reg #:	17000-041
Date of Birth:	07/15/1958	Provider:	Bowman, Teresa	Facility:	FOR	Unit:	H15
Encounter Date:	09/17/2015 13:41						

Admin Note - General Administrative Note encounter at Health Services.

Reason Not Done: No Show

Comments: was no show for lab callout

Cosign Required: No

Completed by Bowman, Teresa Phlebotomist CPT-NHA on 09/17/2015 13:42.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name:	WHEELock, GUY EDWARD	Reg #:	17000-041
Date of Birth:	07/15/1958	Sex:	M
Encounter Date:	09/22/2015 10:24	Race:	WHITE
		Facility:	FOR
		Unit:	H15
		Provider:	Bowman, Teresa

Admin Note - General Administrative Note encounter at Health Services.

Reason Not Done: No Show

Comments: was no show for lab callout

Cosign Required: No

Completed by Bowman, Teresa Phlebotomist CPT-NHA on 09/22/2015 10:25.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WHEELOCK, GUY EDWARD
Date of Birth: 07/15/1958
Encounter Date: 09/23/2015 10:49

Sex: M Race: WHITE
Provider: Bowman, Teresa

Reg #: 17000-041
Facility: FOR
Unit: H15

Admin Note - General Administrative Note encounter at Health Services.

Reason Not Done: No Show

Comments: was no show for lab callout

Cosign Required: No

Completed by Bowman, Teresa Phlebotomist CPT-NHA on 09/23/2015 10:50.

BP-S358.060
SEP 05**MEDICAL TREATMENT REFUSAL**

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

9-28-2015

Date

I, GUY WHELOCK 17000-041, refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

cbc w/diff, urinalysis, psa total, tsh, micro urine, lipid, a1c

The following treatment(s) was/were recommended:

lab orders of
8-28-2015 - 2 orders
11-28-2015-1 order
2-28-2015-2 orders
5-28-2015- 1 orders
is refusing any and all lab orders

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

delay in diagnosis, treatment, and possible death

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

BOWMAN, TERESA

9-28-2015

Counseled by

Date

Bowman, Teresa 9/28/15

[Signature]
Patient's Signature

9/28/2015
Date

Signature of Witness

Date

FOR--FORREST CITY FCI

EXHIBIT**3**

tabbies

BP-A0807
SEP 11

INFLUENZA VACCINE CONSENT - INMATES

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

(*Note: CDC Vaccine Information Statements in multiple languages available at: www.cdc.gov/vaccines/pubs/vis/).

I have been provided a copy of the Vaccine Information Statement* for Influenza Vaccine dated _____. I have had the opportunity to ask questions about the benefits and risks of vaccination.

☐ I consent to receive the influenza vaccine at this time.

Health Questions Prior to Influenza Vaccination (Check Yes or No)

Yes	No	Health Questions
		Are you sick today? (if moderately to severely ill should postpone vaccination)
		Do you have allergy to eggs?
		Have you ever had serious reaction to influenza vaccine? If so, describe:
		Have you had Guillain-Barré syndrome (progressive paralysis)?

Inmate Signature	Witness Signature	Date

☒ I decline to receive the influenza vaccine at this time.

FOX ALL TIME

Inmate Signature	Witness Signature	Date
<i>[Signature]</i>	<i>[Signature]</i>	10/18/11

S. Phillips, RN, IDC/IOP
FCC Forrest City, AR

Name	GUY WHEELOCK	
Reg. #	17000-041	SSN
Institution	FOX-FORREST CITY FCC	

Prescribed By P6190

EXHIBIT

tabbies

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BP-S358.060
SEP 05

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

4-1-2016

Date

I, GUY WHEELOCK 17000-041, refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

Diabetes and high cholesterol

The following treatment(s) was/were recommended:

Routine Middle Level Provider Follow-up

FOR ALL TIME

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

Continuation and or worsening of medical conditions leading to possible death.

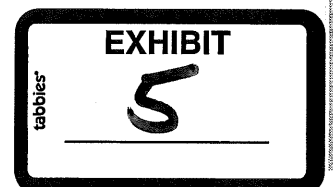
I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

KRUGER, MICHAEL R. AHSA 4-1-2016
Counseled by Date

Guy Wheelock 4/1/2016
Patient's Signature Date

[Signature] 4/1/16
Signature of Witness Date

FOR--FORREST CITY FCI



BP-S358.060
SEP 05**MEDICAL TREATMENT REFUSAL**

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

8-8-2016

Date

I, GUY WHEELLOCK 17000-041, refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

cbcw/diff, cmp, a1c, micro urine, lipid

The following treatment(s) was/were recommended:

cbcw/diff, cmp, a1c, micro urine, lipid

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

delay in diagnosis, treatment, possible death

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

BOWMAN, D. CMA8-8-2016

Counseled by

Date

Guy Wheelock
Patient's Signature

8/8/16
Date

Signature of Witness

Date

FOR--FORREST CITY FCI

EXHIBIT**6**

tabbles

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name:	WHEELOCK, GUY EDWARD	Sex:	M	Race:	WHITE	Reg #:	17000-041
Date of Birth:	07/15/1958	Provider:	Waits, Annette LPN	Facility:	FOR	Unit:	H15
Encounter Date:	08/26/2016 13:34						

Admin Note - General Administrative Note encounter at Health Services.

Reason Not Done: No Show

Comments: Inmate was a No Show for M D CCC callout today at 1200.

Cosign Required: No

Completed by Waits, Annette LPN on 08/26/2016 13:35.



BP-A0807
SEP 11

INFLUENZA VACCINE CONSENT - INMATES

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

(*Note: CDC Vaccine Information Statements in multiple languages available at: www.cdc.gov/vaccines/pubs/vis/)

I have been provided a copy of the Vaccine Information Statement* for Influenza Vaccine dated _____. I have had the opportunity to ask questions about the benefits and risks of vaccination.

☐ I consent to receive the influenza vaccine at this time

Health Questions Prior to Influenza Vaccination (Check Yes or No)

Yes	No	Health Questions
		Are you sick today? (if moderately to severely ill should postpone vaccination)
		Do you have allergy to eggs?
		Have you ever had serious reaction to influenza vaccine? If so, describe:
		Have you had Guillain-Barré syndrome (progressive paralysis)?

Inmate Signature	Witness Signature	Date

☒ I decline to receive the influenza vaccine at this time

Inmate Signature	Witness Signature	Date
<i>[Signature]</i>	<i>[Signature]</i>	11/23/14

S. Phillips, RN, IDC/IOP
FCC Forrest City, AR

11/24/16 NS

Name	GUY WHEELLOCK
Reg. #	17000-041
Institution	FOX-FORREST CITY FCC

Prescribed By P6190

EXHIBIT

8

tabbles

BP-S358.060
SEP 05**MEDICAL TREATMENT REFUSAL**

CDFRM

U.S. DEPARTMENT OF JUSTICE**FEDERAL BUREAU OF PRISONS**11-29-2016

Date

I, GUY WHEELOCK 17000-041, refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

Patient is a Type 2 DM who is not interested in taking any of his medications.

The following treatment(s) was/were recommended:

Metformin
Glyburide.

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

I explained the Risk Factors associated with Non-Compliance with his Diabetic medications and he fully understand.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

WOODARD, SHEILA S MD 11-29-2016
Counseled by Date

X Guy Wheelock 11/29/16
Patient's Signature Date

Sheila S Woodard 11/29/16
Signature of Witness Date

FOR-FORREST CITY FCI

EXHIBIT**9**

tabbies

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WHEELLOCK, GUY EDWARD
Date of Birth: 07/15/1958
Encounter Date: 03/29/2017 10:15

Sex: M Race: WHITE
Provider: Woodard, Sheila S MD

Reg #: 17000-041
Facility: FOR
Unit: H15

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Woodard, Sheila S MD

Chief Complaint: GENERAL

Subjective: Chronic Care visit for this patient who IS NOT INTERESTED IN ANY MEDICAL CARE WHATSOEVER!!!!. States " he wants to wait until his medical conditions Decline to a Care Level 4 so that he may be transferred to Rochester, Mn. so that he can be close to his family". Patient has signed to Medical Refusal Forms ON 11/29/2016 and February 8, 2017.

Pain: No

Seen for clinic(s): Diabetes, Endocrine/Lipid

Removed from clinic(s): Diabetes, Endocrine/Lipid

OBJECTIVE:

ASSESSMENT:

Diabetes mellitus, type II (adult-onset), 250.00 - Current
Esophageal reflux, 530.81 - Current
Hypertension, Benign Essential, 401.1 - Current
Other and unspecified hyperlipidemia, 272.4 - Current
Polyneuropathy in diabetes, 357.2 - Current

PLAN:

Disposition:

Return Immediately if Condition Worsens

Other:

Patient refuses to have any of his vital signs taken; labs drawn or any examination performed.

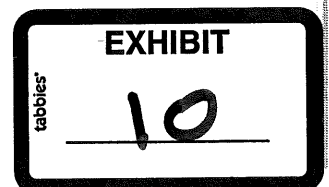
Patient Education Topics:

Date Initiated Format
03/29/2017 Counseling

Handout/Topic
Access to Care

Provider
Woodard, Sheila

Outcome
Verbalizes
Understanding



Inmate Name: WHEELLOCK, GUY EDWARD

Date of Birth: 07/15/1958

Sex: M Race: WHITE

Encounter Date: 03/29/2017 10:15

Provider: Woodard, Sheila S MD

Reg #: 17000-041

Facility: FOR

Unit: H15

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Woodard, Sheila S MD on 03/29/2017 12:10

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name:	WHELOCK, GUY EDWARD	Reg #:	17000-041
Date of Birth:	07/15/1958	Sex:	M Race: WHITE
Encounter Date:	06/21/2017 11:04	Provider:	Bowman, D. CMA
		Facility:	FOR
		Unit:	H15

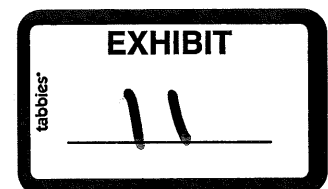
Admin Note - General Administrative Note encounter at Health Services.

Reason Not Done: No Show

Comments: has no showed lab callout several times for month of June 2017

Cosign Required: No

Completed by Bowman, D. CMA on 06/21/2017 11:53.



**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name:	WHEELOCK, GUY EDWARD	Sex:	M	Race:	WHITE	Reg #:	17000-041
Date of Birth:	07/15/1958	Provider:	Bowman, D. CMA	Facility:	FOR	Unit:	H15
Encounter Date:	06/22/2017 12:35						

Admin Note - General Administrative Note encounter at Health Services.

Reason Not Done: Refused

Comments: after several no shows for lab call out I contacted unit mger for I/M to be sent over he refused lab and refused to sign lab refusal form witnessed by Phillips, S., IOP/RN

Cosign Required: No

Completed by Bowman, D. CMA on 06/22/2017 12:37.

BP-S358.060
SEP 05

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

6-22-2017

Date

I, GUY WHEELOCK 17000-041, refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

fecal occult stool test

The following treatment(s) was/were recommended:

fecal occult stool test

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

delay in diagnosis, treatment, possible death

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

BOWMAN, D. CMA 6-22-2017
Counseled by Date

Bowman D CMA

(Signature)
Patient's Signature

Refused to sign
Date

6-22-17

S. Phillips 6-22-17
Signature of Witness RN Date

FOR--FORREST CITY FCI

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: WHEELLOCK, GUY EDWARD		Reg #: 17000-041
Date of Birth: 07/15/1958	Sex: M Race: WHITE	Facility: FOR
Note Date: 02/12/2018 08:50	Provider: Cook, Kathy RN/IDC/IOP	Unit: H15

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Cook, Kathy RN/IDC/IOP

Category 3 for offering the influenza vaccine. This patient was placed on callout for an influenza vaccine today. Patient reported to the IOP office and was very upset because he was on callout. Patient stated he was being harassed due to being on callout and stated the he had already requested not to ever be called over or placed on callout for medical. Patient states this will be added to his law suit. I attempted to explain to him the process of the annual influenza vaccine clinics and offering to the chronic care clinics and persons over 50 years of age. Patient became upset and said he was being discriminated against due to his age. Patient said he was not signing a refusal form and was not taking a vaccine. Patient left my office upset. This encounter was witnessed by another nurse.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Cook, Kathy RN/IDC/IOP on 02/12/2018 08:57

